



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## INFORMATIONAL LETTER NO.1395

**DATE:** June 13, 2014

**TO:** Iowa Medicaid Providers

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Amendments to the Iowa Medicaid Provider Agreement General Terms (470-2965)

**EFFECTIVE:** July 14, 2014

Pursuant to Section 5.10 of the Provider Agreement, the IME announces the following amendments of the Provider Agreement. The Department is confirming through this amendment that all applicable laws and administrative rules existing at the time of the execution and after the time of execution of the Provider Agreement are incorporated and binding on both the Department and the Provider.

The Department is also confirming through this amendment that all Providers who are MediPASS patient managers, Wellness patient managers, Health Home Providers, and/or Accountable Care Organizations are Business Associates of the Department. Through this Provider Agreement amendment, the Department is clarifying that providers, in certain categories, who have a relationship with Iowa Medicaid that goes beyond the typical provider/health plan relationship are Business Associates under the Health Insurance Portability and Accountability Act of 1996 in the same manner as the managed care providers under contract with the Department.

**Please note the changes to Section 5 apply to all Providers. The additions of Sections 7 and 8 only apply to MediPASS patient managers, Wellness patient managers, Health Home Providers and Accountable Care Organizations.**

**Amendments.** The amendments to the Provider Agreement are as follows:

### Section 5. Miscellaneous

...

- 5.13 The parties to this Agreement hereby expressly indicate their mutual intent to incorporate into this Agreement all applicable laws, rules, regulations, guidance, and policies as those laws, rules, regulations, guidance, and policies existed at the time of Agreement execution as well as all future amendments, changes, and additions to all applicable laws, rules, regulations, guidance, and policies. The parties to this Agreement expressly reject any proposition that future changes in applicable law, rule,

regulation, guidance, and policy are inapplicable to this Agreement and the parties' performance pursuant to the Agreement.

## **Section 7. Business Associate Agreement**

All Providers who are MediPASS patient managers, Wellness patient managers, Health Home Providers, and/or Accountable Care Organizations are Business Associates of the Department. ("Business Associate Provider"). The Business Associate Provider performs certain services on behalf of the Department pursuant to this Provider Agreement that require the exchange of information that is protected by the Health Insurance Portability and Accountability Act of 1996, as amended, and the federal regulations published at 45 CFR part 160 and 164. The Business Associate Provider agrees to comply with the Business Associate Agreement Addendum (BAA), and any amendments thereof, as posted to the Department's website: <http://dhs.iowa.gov/hipaa>. This BAA, and any amendments thereof, is incorporated into the Provider Agreement by reference.

## **Section 8. Qualified Service Organization**

Providers who are also Business Associates acknowledge that they may be receiving, storing, processing, or otherwise dealing with confidential patient records from programs covered by 42 CFR part 2. Such Business Associate Providers acknowledge that they are fully bound by those regulations as a "Qualified Service Organization." The term "Qualified Service Organization" as used in this Agreement has the same meaning as the definition set forth in 42 CFR § 2.11. Business Associate Providers will resist in judicial proceedings any efforts to obtain access to patient records covered by 42 C.F.R. part 2 except as permitted by these regulations.

**Questions.** If you have any questions regarding these amendments, please contact the IME Provider Services Unit at 1-800-338-7909, locally in the Des Moines area at 515-256-4609, or by email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).